CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

ID - 32028636

STATEMENT OF ECONOMIC INTERESTS RECEIVED TO STATE RECEIVED TO STATE OF THE PROPERTY OF THE PRO





2013 MAR 29 P 4: 46

Please type or print in ink. 2013 1PD. NAME OF FILER CITY OF ANAHEIM (LAST) (FIRST) 11 1 411 Eastman, Gail E 1. Office, Agency, or Court Agency Name City of Anaheim Division, Board, Department, District, if applicable Your Position City Council Council Member ▶ If filing for multiple positions, list below or on an attachment. Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position: 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) X Multi-County Anaheim County of ______ X City of Orange Other __ 3. Type of Statement (Check at least one box) X Annual: The period covered is January 1, 2012, through Leaving Office: Date Left ____/___ December 31, 2012 (Check one) O The period covered is January 1, 2012, through the date of The period covered is ____/___, through leaving office. December 31, 2012. O The period covered is ______, through the date Assuming Office: Date assumed ____/___ of leaving office. Candidate: Election Year _____ and office sought, if different than Part 1: ___ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: ____6 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached X Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acl I certify under penalty of perjury under the laws of the State 03/29/2013 Date Signed _ (month, day, year)

Agency	Division, Board, Department, District	Position
CITY OF ANAHEIM	COA Oversight Board for the Anaheim Redevelopment Agency	Board Member
Four Corners Transportation Coaletio	Board of Directors	Director
Orange County Sanitation Dirstrict	Board of Directors	Director
So Cal Assoc of Government	Board	Alternate Director
Transportation Corridor Agency	Board	Alternate Director
Santa Ana River Flood Protection Age	Board	Director
Anaheim	Anaheim Successor to Redevelopment Agency	Agency Member
Anaheim	Housing Authority	Authority Member
Anaheim	Public Finance Authroity	Authority Member
Anaheim	Industrial Development Authority	Authority Member
Anaheim	Private Industrial Council	Authroity Member
Orange County Transportation Authority	Board of Directors	Director

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eastman, Gail E

Þ	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	Dell Inc.	AFLAC Inc.
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Computers	Insurance
	FAIR MARKET VALUE	FAIR MARKET VALUE
	X \$2,000 - \$10,000	X \$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	X Stock Other (Describe)	X Stock Other(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u></u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	National Oilwell Varco	
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Manufacturer drilling equiptment	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	X \$2,000 - \$10,000 S \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	X Stock Other	Stock Other
	(Describe) Partnership O Income Received of \$0 - \$499	(Describe)
	O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 1 1	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
_	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	TVINE OF BOOKESS EATTY	IVAIVE OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	j	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)	(Describe)
	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
	'	ı
Co	mments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Eastman, Gail E

► ASSES	SOR'S PARCEL NUMBER	OR STREET ADDRES	S	▶ ASSESSOR'S PARCEL	. NUMBER OR STREET ADDRESS		
120 V	V. Water St 122 W, Wa	ater St					
CITY				CITY			
Δnah	eim CA 92805						
FAIR N	MARKET VALUE 000 - \$10,000 0,001 - \$100,000	IF APPLICABLE, LIST	DATE:	FAIR MARKET VALUE \$2,000 - \$10,000	IF APPLICABLE, LIST DATE:		
☒ \$1	00,001 - \$1,000,000 er \$1,000,000		DISPOSED	\$10,001 - \$100,000 \$100,001 - \$1,000,0 Over \$1,000,000			
NATU	RE OF INTEREST			NATURE OF INTERES	т		
X Ov	nership/Deed of Trust	☐ Easement		Ownership/Deed of	Trust		
r	Leasehold Other			LeaseholdOther			
IF REN	NTAL PROPERTY, GROSS	INCOME RECEIVED		IF RENTAL PROPERTY	Y, GROSS INCOME RECEIVED		
\$ 0	- \$499	000 🔲 \$1,001 -	\$10,000	\$0 - \$499	\$500 - \$1,000		
\$1	0,001 - \$100,000	OVER \$100,000		S10,001 - \$100,000	OVER \$100,000		
intere	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.			SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.			
	one			☐ None			
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<u> X </u> N							
X N							
X N							
X N							
* You a					ade in the lender's regular course of		
* You a	ess on terms availa	ble to members o	of the public w	ithout regard to your o	fficial status. Personal loans and		
* You a busin loans	ess on terms availa	ble to members o	of the public w		fficial status. Personal loans and		
* You a busin loans	ess on terms availa received not in a le	ble to members o	of the public w	ithout regard to your o	fficial status. Personal loans and		
* You a busin loans	ess on terms availa received not in a le	ble to members onder's regular co	of the public w	ithout regard to your o	fficial status. Personal loans and as follows:		
* You a busin loans	ess on terms availa received not in a le of LENDER*	ble to members onder's regular co	of the public w	ithout regard to your or ess must be disclosed NAME OF LENDER*	fficial status. Personal loans and as follows:		
* You a busin loans	ess on terms availa received not in a le of LENDER*	ble to members onder's regular co	of the public w	ithout regard to your or ess must be disclosed NAME OF LENDER*	fficial status. Personal loans and as follows:		
* You a busin loans NAME ADDR	ess on terms availa received not in a le OF LENDER* ESS (Business Address Acc	ble to members onder's regular co	of the public worse of busing	NAME OF LENDER* ADDRESS (Business A	fficial status. Personal loans and as follows:		
* You a busin loans NAME ADDR	ess on terms availa received not in a le OF LENDER* ESS (Business Address Acc ESS ACTIVITY, IF ANY, OF	ble to members onder's regular co	of the public worse of busing	NAME OF LENDER* ADDRESS (Business A BUSINESS ACTIVITY,	fficial status. Personal loans and as follows: ddress Acceptable) IF ANY, OF LENDER TERM (Months/Years)		
* You a busin loans NAME ADDR	ess on terms availa received not in a le OF LENDER* ESS (Business Address Acc	ble to members onder's regular co	of the public worse of busing	NAME OF LENDER* ADDRESS (Business A BUSINESS ACTIVITY,	fficial status. Personal loans and as follows: ddress Acceptable) IF ANY, OF LENDER		
* You a busin loans NAME ADDR	ess on terms availa received not in a le OF LENDER* ESS (Business Address Acc ESS ACTIVITY, IF ANY, OF	ble to members of nder's regular conder's regular conderble) TERM (Months/Ye	of the public worse of busing	NAME OF LENDER* ADDRESS (Business A BUSINESS ACTIVITY, I	fficial status. Personal loans and as follows: ddress Acceptable) IF ANY, OF LENDER TERM (Months/Years)		
* You a busin loans NAME ADDR	ess on terms availa received not in a le OF LENDER* ESS (Business Address Acc ESS ACTIVITY, IF ANY, OF EST RATE % None EST BALANCE DURING RE	ble to members of nder's regular conder's regular conderble) TERM (Months/Ye	of the public worse of busing	NAME OF LENDER* ADDRESS (Business A BUSINESS ACTIVITY, I	fficial status. Personal loans and as follows: ddress Acceptable) IF ANY, OF LENDER TERM (Months/Years) None		
* You a busin loans NAME ADDR BUSIN INTER HIGHE	ess on terms availa received not in a le OF LENDER* ESS (Business Address Acc ESS ACTIVITY, IF ANY, OF EST RATE Whose ST BALANCE DURING RE 500 - \$1,000	ble to members of nder's regular conder's regular conder's regular conderble between the	of the public worse of busing	NAME OF LENDER* ADDRESS (Business A BUSINESS ACTIVITY, I INTEREST RATE HIGHEST BALANCE D	ddress Acceptable) TERM (Months/Years) None \$1,001 - \$10,000		
* You a busin loans NAME ADDR BUSIN INTER HIGHE \$5	ess on terms availa received not in a le OF LENDER* ESS (Business Address Acc ESS ACTIVITY, IF ANY, OF EST RATE Whose ST BALANCE DURING RE 500 - \$1,000	ble to members of nder's regular conder's regular conder's regular conderballer TERM (Months/Yellong) PORTING PERIOD \$1,001 - \$10,000	of the public worse of busing	NAME OF LENDER* ADDRESS (Business A BUSINESS ACTIVITY, INTEREST RATE HIGHEST BALANCE D \$500 - \$1,000	fficial status. Personal loans and as follows: ddress Acceptable) TERM (Months/Years) None PURING REPORTING PERIOD \$1,001 - \$10,000 OVER \$100,000		

SCHEDULE D Income - Gifts

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION
Name	
Eastman, Gail E	

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Care Ambulance	Griffin Structures Inc		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
11517 West Baden Court	385 Second Street		
Orange CA 92868-1125	Laguna Beach CA 92651		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Ambulance Service	Program & Construction Managment		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
Buena Park State of	Garden Grove State o		
01 / 25 / 12 \$ 45.00 the City lunch	01 / 24 / 12 \$ 35.00 f the City lunch		
Orange Community Fou			
_02 / 24 / 12 s65.00			
Orange State of the			
03 / 22 / 12 _{\$} 50.00 City lunch			
► NAME OF SOURCE (Not an Acronym)	NAME OF COURCE (Not on Assessment)		
	► NAME OF SOURCE (Not an Acronym)		
Kaiser Permanente	Talley and Associates		
ADDRESS (Business Address Acceptable) 3440 E. La Palma Ave.	ADDRESS (Business Address Acceptable) 25241 Paseo De Alicia		
Anaheim CA 92807	Laguna Hills CA 92653		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
	, , , , , , , , , , , , , , , , , , , ,		
Hospital	Public Afairs Consulting Firm		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
VIP Luncheon & Grand	MHET OC Holiday Brea		
08 / 24 / 12 \$ 96.00 Opening Celebration	12 / 05 / 12 \$ 51.00 kfast		
/_/ \$			
1 1 0			
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
The Bench	Dringle 8 Accesistes		
The Ranch ADDRESS (Business Address Acceptable)	Pringle & Associates		
1025 E. Ball Rd	ADDRESS (Business Address Acceptable) 2400 E Katella Suite 350		
Anaheim CA 92805	Anaheim CA 92806		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Resturant	Government Relations Consultants		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
Grand Opening Recept	Holiday Bowling Part		
01 / 12 / 12 s 100.00 ion	12 / 06 / 12 _{\$} 102.64 y		
<u>01 12 12 </u>	12 00 12 \$ 102.04 y		
]		
	\$		
\$			
0			
Comments:			

SCHEDULE D Income - Gifts



Eastman, Gail E

► NAME OF SOURCE (Not an Acronym	1)	► NAME OF SOURCE	(Not an Acrony	ym)
Nor-Cal Beverage			•	,,
ADDRESS (Business Address Accept	oblo	4555500 (S.)		
1226 N Olive St Anaheim CA 92801	1DIE)	ADDRESS (Business	s Address Acce	ptable)
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVITY	Y IF ANY OF S	SOURCE
			,, ,,	3001102
Bottleing Company DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE ((11/)	1/11/197	
DATE (IMINIONITY) VALUE	• •	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 (05 (42)	75th Anniversary Par			
05 / 05 / 12 \$ 156.00	ty		\$	
/ \$			\$	
/ \$			\$	
NAME OF SOURCE (Not an Acronym		► NAME OF SOURCE	/Nat A	
TAME OF GOOTICE (NOTALIZATION)	,	NAME OF SOURCE	(Not an Acron)	/m)
ADDRESS (Business Address Accept	able)	ADDRESS (Business	Address Acce	ptable)
BUSINESS ACTIVITY, IF ANY, OF SC	PURCE	BUSINESS ACTIVITY	Y, IF ANY, OF S	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
((((((((((((((((((((22001 1.011 01 01. 1(0)		.,	DESCRIPTION OF CITY(S)
/ / \$			¢	
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			\$	
NAME OF SOURCE (Not an Acronym	<u> </u>	► NAME OF SOURCE	(Not an Acrony	ym)
ADDRESS (Business Address Accept	able)	ADDRESS (Business	Address Acce	ntahle)
, , , , , , , , , , , , , , , , , , , ,	-5.0,	1 1 1 2 3 1 2 3 1 2 3 1	, , , , , , , , , , , , , , , , , , , ,	, idea, idea
DUONIEGO A OTRATA JE ANNA OE OG			()E AND (OF (OUIDOE .
BUSINESS ACTIVITY, IF ANY, OF SC	JURCE	BUSINESS ACTIVITY	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$			\$	
/\$			\$	
		11		
/		II/	\$	
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Comments:				